

Experiential Learning: Medical Anthropology in Bolivia

Centro de Salud-Chavez Rancho

During my experiential learning project on Bolivian traditional medicine, I had the opportunity to work in the pediatrics at the Chavez Rancho district health clinic during my stay in Cochabamba, Bolivia's third largest city. The Chavez Rancho clinic is small public health center specializing in gynecology and pediatrics. The medical center is open to everyone in Cochabamba, regardless of their ability to pay. With very basic facilities, the health clinics attend to mostly minor emergencies, accidents and routine visits. There is insufficient funding to maintain the facilities in complete working order, or provide the hospital with sufficient staff or materials, so volunteers are heavily depended on. Within the clinic, there are 2 gynecologists, 3 pediatricians, a dentist, and around 10-15 nurses and medical assistants. In Bolivia, there is a nationwide policy that extends free healthcare for pregnant women and children under the age of 5 years. Therefore, most patients are pregnant women and infants.

My medical placement at the Chavez Ranch clinic was during the month of July 2006. Because it was winter in South America during this time, Bolivia experienced its coldest weather of the year. Most children that were brought to Centro de Salud during the July month had symptoms of the cold including runny nose, cough, and dry skin. A common diagnosis for the inflammation of the nasal mucus was termed, "rinofaringitis" in Spanish. Many children were also diagnosed with having bacterial related infections and illnesses. Some of the common disorders and symptoms in the young children included diarrhea, dysentery, and vomiting. Dr. Garcia informed me that these sicknesses

mainly originate from contaminated drinking water, poor-hygiene, or exposure to unclean outdoor areas where children sometimes play.

During my time at the clinic, I assisted Dr Garcia in treating newborn babies and children under the age of 5. I also had the opportunity to help with basic duties such as making beds, bathing and lifting the children onto beds and into wheelchairs. Other medical tasks that I was involved with included bandaging, taking blood pressure and dressing wounds.

Because my volunteering experience was organized through the Projects Abroad program, I had the opportunity to meet and work with other student volunteers from other countries. During the second week of my placement, I organized a group of students to collaborate on a health video for health clinic waiting rooms. We had help from and worked with doctors and nurses from the Centro de Salud clinics throughout Cochabamba. Over the next few weeks, we worked on writing the scripts for the video and organizing the actual filming. The theme of the video was hygiene, because many of the patients coming to Centro de Salud clinics had hygienic problems and disorders. Our video included the four main hygiene topics: food preparation, animals and pets, personal health, and infant care. In most Bolivian households, produce and other food items are purchased at local outdoor markets. Therefore, much of the food sold is not packaged or cleaned, and therefore prone to bacterial growth. Keeping this common trigger for sickness in mind, we prepared a short presentation for safe and clean preparation of food in the kitchen for the hygiene video. During this section of the video, we covered how to use DG6, which is a domestic cleaning solution used to destroy bacteria on fruits and vegetables with skin or peels. Rabies is one of the many diseases transferred to people

living in South American countries like Bolivia from pets and stray animals. In the video, we included information on the importance of vaccination of family pets and the dangers of interacting with stray animals to make individuals aware of the health risks from animal contact. For personal health we went over washing hands, cleanliness, and good dietary habits. In our presentation for infant care, we illustrated the value of keeping children away from outdoor pollutants like dust and dirt as well as how to alleviate symptoms of allergies and colds.

The Projects Abroad program has expressed interest in making more videos for medical volunteer placements in other countries like India, Argentina, and Mexico as well.

Bolivian Ethnomedicine

Northeast of Cochabamba, the main road to Santa Cruz crosses the last ridge of the Andes and drops down into Chapare, a broad, rainforest-covered plain in the Upper Amazon Basin, which has been heavily settled by peasant migrants from the highlands. Chapare was the first place I had the chance to visit to understand how plants were utilized for medicinal purposes. Over the last few decades, region has transformed into Bolivia's largest provider of coca grown to make cocaine. Within this controversial area, there are also several Aymara indigenous people, who use coca in for medicine.

I had the opportunity to visit a coca museum on a military base in Chapare, where they had exhibitions on the history of cocaine smuggling and the use of coca by the local Aymara Indian groups. The guide at the museum informed us that coca leaves are commonly used in teas, drinks, and other foods as flavorings and also to help with symptoms of altitude sickness, nausea, colds, and fevers. I was also told that the majority

of coca leaves found in markets throughout Bolivia come from the Chapare forest region. Visiting Chapare and seeing the agricultural life there made me realize that in addition to other crops like bananas and citrus, coca is a way of life. Farmers in the region are disturbed and frustrated with the idea that their coca plantations are being removed and destroyed in the movements against cocaine smuggling and use.

I also had the opportunity to travel to the capital of Bolivia, La Paz. Throughout La Paz there are a variety of food markets as well as traditional medicine markets. In the middle of the city there is a large market center called the “black market.” Within this center are many Bruja markets, where traditional herbs and plants are sold for medicinal, religious and cultural uses. It was very difficult to understand what many of the men and women at these markets were saying, because they spoke their native tongue, Quechua, instead of Spanish. I was fortunate enough to have my Spanish teacher translate the language for me when I visited these markets.

During my visit to La Paz, Bolivia celebrated their annual holiday, Feast of San Juan Bautista, or St. John the Baptist, patron saint of Puerto Rico’s capital, San Juan. Bolivians depend on and have much faith in Pachamama or mother earth. During San Juan, there were many celebrations taking place to celebrate and pay respect to Pachamama. In the markets throughout La Paz there were preparations of traditional plants like coca leaves and herbs on decorative plates. Individuals would buy these plates and burn them on the night of San Juan as an offering to Pachamama, who will give them good health and fortune for their future lives. According to my Spanish teacher, people will sometimes take the ashes from the burning of these plant offerings and use them for

magical purposes as well. In the Aymara and Quechua culture, it is believed that throwing dark ashes on a neighbor's doorstep will bring them bad luck, and throwing light ashes can bring them good luck. In the Bruja markets, we also saw many animal, mainly llama, carcasses, which are also used as offerings to Pachamama during the first Monday of every month as well as on special days like San Juan.

The traditional plants and herbs found in the markets were also purchased for medical reasons as well. Along one of the lanes in the main market of La Paz, we found an array of plant and herb pharmacies. There were several bottles of crushed leaves, fruit, and herbs prepared for various health abnormalities. My Spanish teacher explained to me that the women selling these traditional medicines somewhat act as medical practitioners, because as they sell their medicines they explain how they should be administered and what they should be used for. There were also many drugs that were intended to keep the immune system strong and prevent sicknesses from penetrating the body.

In Cochabamba, there is a large disparity between the two groups that make up the city's population, the Quechua Indians and the non-Indian peoples. These two groups differ in almost every aspect culture from food to clothing. They even inhabit different parts of the city. Because of these differences, there is a lot of racism against the Quechua peoples, who are seen by the non-Indian Spanish speaking population as an inferior ethnic group. Furthermore, I personally noticed that there were many more individuals from the Quechua ethnic group at the traditional plant and Bruja markets compared to any other group.

There was roughly an equal number of Quechuan and non-Quechuan individuals who came to the Chavez Rancho Centro de Salud during my volunteering placement.

According to Dr. Garcia, it is likely that many of the patients come to the health clinic after using traditional medicines to treat their illness. She explained that sometimes when an individual's sickness does not improve after a long-term administration of traditional medicines, the individual is brought to the clinic. Before examining her patients, Dr. Garcia always asks them whether they have used any other home remedies or traditional treatments before coming to the clinic.

Because of the widespread use of traditional and medicinal plants and herbs in Bolivia, Centro de Salud clinics are not the primary health care providers. For Bolivians, traditional medicine is a way of life.



Dr. Garcia writing a prescription for a patient. Quechua women typically carry their infants in these hand made blankets wrapped around their shoulder.



The entrance of the Centro de Salud-Chavez Rancho in Cochabamba, Bolivia





Dr. MacDonald makes a house call to one of his patients.



Dr. MacDonald talks to a patient during a check-up appointment



A Quechua music concert assembly during the San Juan holiday.



Quechua women with their traditional dress and hand made shawls and blankets.



Pachamama offerings at a Bruja store at a traditional market in La Paz, Bolivia



Plants and Herbs sold for medicinal purposes in a Quechua and Aymara market in Cochabamba, Bolivia.



A row of plant and herb pharmacies at the Quechua and Aymara market in Cochabamba, Bolivia.



Llama fetuses sold at a traditional plants and herbs shop at a bruja market in La Paz, Bolivia.







A bruja market strip in Cochabamba, Bolivia.